



## Evaluation of Serum Lipase as Predictor of Severity of Acute Pancreatitis in Children

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Letters to the Editor

## Evaluation of Serum Lipase as Predictor of Severity of Acute Pancreatitis in Children

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CONTENT NOT FOR REUSE

### LETTERS TO THE EDITOR

#### Preemptive Meso-Rex Bypass for Children With Idiopathic Prehepatic Portal Hypertension: Trick or Treat?

**To the Editor:** Once upon a time, in an era when the physiopathology of the Hirschsprung disease was still unknown, fixation was on the congenitally dilated colon (1). Patients were followed with conservative means or palliative operations (colostomies or resection of dilated segments). The concept of a surgical cure was introduced much later, only 50 years ago; in a few decades, it changed the life of these children. Contemporary single-step, transperineal, neonatal interventions cure preemptively these children with no hesitation.

Alberti et al (2) proposed a stepwise approach to extrahepatic portal vein obstruction in children. Rex recessus was found patent at portography in 24 children and 13 were proposed for Meso-Rex bypass (MRB); 3 of the 13 MRBs were done preemptively (elective operation in patients with well-controlled esophageal varices) and the authors consider it a violation of their protocol at that time. Although Alberti et al end their discussion with only 1 word about preemptive cure as an opportunity for some children, the latter message is not clearly delivered to the audience.

Beta-blockers, with their unproven value and repeated endoscopic procedures (254 sclerotherapies or bandings in this report), are neither curative nor without risk, although the authors choose these palliative procedures over curative surgery in the vast majority of children with symptoms.

Extrahepatic portal hypertension, caused by portal vein occlusion, is a chronic condition carrying multiple risks and associated with many penalties to the child development and well-being; a cure can be proposed to selected children with a favorable anatomy (patent Rex recessus) by performing an MRB or similar operations. This procedure should be proposed earlier than later in the disease progression, electively and preemptively (3,4).

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#### Authors' Response

**To the Editor:** Our study reports the outcome of children with extrahepatic portal vein obstruction managed prospectively with the same protocol for 15 years, without any selection. In this protocol, surgery (with priority to meso-portal bypass [MPB]) was indicated only after the failure of medical and endoscopic treatments. Accurate methodology suggested considering our latest cases, which had a preemptive MPB, as violations. With these data, we could certainly not argue in favor of or against different approaches, although the violations tell that we probably agree with the comment made.

We hope that Drs Superina and de Ville will have the chance to produce similar data on a large, unselected population of children presenting with extrahepatic portal vein obstruction and managed prospectively with a protocol considering preemptive MPB as the first step. We look forward to reading such a study that could prove that preemptive MPB is superior to MPB carried out as a second-line treatment (1). Meanwhile, we appreciate the comment and we agree with what, at the moment, is an expert opinion (2).

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#### Evaluation of Serum Lipase as Predictor of Severity of Acute Pancreatitis in Children

**To the Editor:** The search for an easy-to-use and accurate predictor tool for the measurement of severity in acute pancreatitis is a never-ending quest. In the June 2013 issue of the *Journal of Pediatric Gastroenterology and Nutrition*, Coffey et al (1) suggested that serum lipase  $\geq 7 \times$  the upper limit of normal (ULN) is a simple predictor of acute pancreatitis severity. Its sensitivity was 85% and specificity 56%. In 2012, we published a study evaluating different scoring systems for acute pancreatitis in a cohort of 48 children (2). Because we had the lipase level for 44 of them, we could test the usefulness of serum lipase in our cohort. Among these 44 children, 11 were classified as having severe pancreatitis and 33 with its mild form, according to the criteria